

Registration District No.

1. PLACE OF DEATH: 17 1941

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconness Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks
In this community 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Stiens

3. (b) If veteran, name war 3. (c) Social Security No. 493-03-1674

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Stiens 6. (c) Age of husband or wife if alive 52 years 1885
7. Birth date of deceased Feb. 6 (Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 30 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation Glaser

11. Industry or business

12. Name Frank Stiens 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Gertrude Hoppe 4
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Lena Stiens
(b) Address 1118 Destrehan St.

17. (a) Burial (b) Date thereof Aug. 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14TH ST

19. (a) AUG -6 1941 (b) J. J. Breidick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1118 Destrehan (If rural, give location) 26
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5 year 1941 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from July 15, 1941 to Aug 5, 1941
that I last saw him alive on 8-5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the rectum

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma Colon
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work (e) Means of injury
23. Signature J. J. Breidick (M. D. or other) 0
Address 607 N 14th St Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Jersey -*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.